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ABSTRACT

This practicum provided a 12-week group instruction program which was designed to enable 8 high school students with attention deficit hyperactivity disorder (ADHD) to gain knowledge about ADHD, implement strategies for coping with the disorder, and employ self-advocacy skills. The program involved administration of an ADHD measure prior to and following the intervention; administration of a learning strategies inventory; development of a list of classroom modifications which students discussed with their teachers; development of goal attainment sheets; selection of instructional materials; and interviews with individual students, parents, and 16 teachers. Data analysis indicated that students: (1) increased understanding of their ADHD; (2) increased understanding of individual learning styles; (3) gained strategies to self-advocacy; and (4) selected modifications to address individual learning styles. It was concluded, however, that high school students need more than a 12-week group program to learn self-advocacy skills and strategies for coping with the disorder. Three appendices provide the goal contract used, a classroom modification checklist, and the ADHD pre/post-test. (Contains 20 references.) (DB)

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Teaching High School Students With Attention Deficit Hyperactivity Disorder Self Advocacy Skills and Strategies for Coping With Their Disability in School

by

Trudy Carpenter

Cluster 63

A Practicum I Report Presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA SOUTHEASTERN UNIVERSITY

1995

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This practicum took place as described.

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4-11-95
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This practicum report was submitted by Trudy Carpenter under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

5-8-95
Date of Final Approval of Report

Mary Staggs Ed.D.
Mary Staggs, Ed.D., Adviser

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This writer would like to take the opportunity to acknowledge the guidance, encouragement, and expertise of Dr. Mary Staggs, my practicum advisor. I truly appreciate her constructive suggestions and support.

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This practicum is dedicated to Reverend Doctor G. Kenneth Carpenter, who inspires me to believe I can do anything.

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ABSTRACT

Teaching High School Students with Attention Deficit Hyperactivity Disorder Self-Advocacy Skills and Strategies for Coping With Their Disability in School. Carpenter, Trudy C., 1995: Practicum I Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. High School Education/Special Education/ADHD Group/Learning Strategies/Self-Advocacy Skills/Study Skills, Achievement.

This practicum was designed to enable eight students with Attention Deficit Hyperactivity Disorder to demonstrate knowledge about their ADHD, successfully implement strategies for coping with their disorder, and employ self-advocacy skills in a twelve-week instructional group setting.

The writer developed and administered ADHD pre- and post-tests to all high school students participating in the group, administered a learning strategies inventory, developed a list of modifications, developed goal attainment sheets, interviewed individual students, parents, and sixteen teachers, selected materials for the ADHD group and distributed folders for students and parents.

The outcome of the practicum revealed that high school students need more than a 12-week group program to teach students with ADHD self-advocacy skills and strategies for coping with their disorder in school. Analysis of the data revealed that students: (a) increased understanding of their ADHD, (b) increased understanding of individual learning styles, (c) gained strategies to self-advocate, and (d) selected modifications to address learning styles.

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CHAPTER I

INTRODUCTION

Description of Community

The work setting is a public regional high school, located in a growing suburban community along the southeastern New England coast. The town has a rich Native American culture and its roots go back to pre-revolutionary agrarian society. It is approximately 40.7 square miles and has a population of about 17,000. This community is comprised of families who are employed in the military, the defense industry, tourism, and local businesses. Due to a large U.S. Naval Submarine Base, the district has a transient population, but statistics remain stable within this environment. Current demographics reflect a predominately white ethnic population. However, these families are becoming more diverse due to the increasing numbers of Mashantucket Pequot Native Americans on the reservation and in the community.

The school system has four elementary schools, one middle school, and one regional high school. The total enrollment for the 1994-1995 school years was 3,200. The school system is known for its comprehensive special education program and academic excellence. This regional high school's population consists of students from diverse

ethnic, racial and socioeconomic backgrounds.

Writer's Work Setting and Role

This public regional high school has approximately 1,100 students including a vocational agricultural program that attracts students from neighboring towns. These towns pay tuition for the VOAG program and if a student has an exceptionality the sending district pays additional funding for the special education programming. The high school has been selected as the school of choice for some districts without a secondary educational facility; therefore these districts pay tuition for the students choosing this writer's high school.

The high school staff consists of 92 teachers, and the administrative staff represents 14 department chairpersons, two assistant principals and one principal. Support staff consists of the following: six guidance counselors, two full time school psychologists, one part time school psychologist, eight special education teachers, five special education aides, two remedial teachers, one librarian, one speech pathologist, and one full time nurse.

The special education department consists of self-contained classes for all content subjects, one part day alternative program with a work study component, one EMR self-contained program for life skills. A resource support class meets every period throughout the day, and nine collaborative classes are team taught by a regular educator and a special education teacher. The entire special education department supports an inclusion program for all its students. The

high school system serves 148 students with identified exceptionalities including learning disabled, mentally retarded, socially emotional maladjusted, neurologically impaired, language impaired, multi-handicapped, and other health impaired.

The writer is department chair of the Special Education Department of the high school. As department chair the writer is responsible for budget, teacher evaluation, supervision, scheduling, case managing, chairing the Student Study Team, staffings, chairing the Planning and Placement Team, teaching a ninth grade English collaborative class, and facilitating workshops. This position requires participation on district committees for strategic planning, transition for special education students, and inclusion. The staff supports and collaborates with this writer to employ strategies to enable special education students to find success in their individual educational journeys. This department chair of special education has worked in the district for nine years.

CHAPTER II

STUDY OF PROBLEM

Problem Description

The writer found that six students with Attention Deficit Hyperactivity Disorder (ADHD) reflected misunderstandings about their learning disorder. They have not developed strategies for coping with their disability nor do they advocate for educational accommodations of which they are entitled.

In the past three years the referrals to the Student Study Team have increased by fifty percent. One third of the students were referred due to issues related to ADHD. The teachers reported an increased concern for lack of academic progress of students diagnosed as ADHD. Students with ADHD experienced poor communication with teachers in addition to academic failure.

These students have serious problems in school and with relationships. Inattention, hyperactivity, and impulsivity can lead to unfinished assignments, careless errors, and behavior which is disruptive to the student and others. Many students with disabilities have low self esteem because they are not successful as their peers and some face serious depression (Morvitz & Motta, 1992).

Some of the students with ADHD feel a sense of personal failure

in a world that is often unkind to them. Negative feedback is often the communication they experience in the classroom. In order for these students to feel a positive sense of self they must recognize their individual strengths. They must feel competent to deal with the world around them and understand their unique abilities and weaknesses to enhance their understanding of self (Fowler, 1991).

Three students are in the Special Education Department under the exceptionality entitled Other Health Impaired and three have accommodation plans under section 504 of the Rehabilitation Act of 1973.

Problem Documentation

Because these six students experienced academic problems they were referred to the Student Study Team. The team consists of six members: the student's guidance counselor, a science teacher, a math teacher, a remedial reading teacher, a school psychologist, parents, student, and the department chairperson of special education leads the meetings. When the students were referred to this team a record search was completed and the students were interviewed prior to the SST. The students attended the SST to share information regarding their lack of academic progress.

Four teachers interviewed by the SST chairperson reported negative interactions with six students experiencing ADHD. These teachers observed the students' lack of self-advocacy skills. They were at times confrontational or passive in their communication with the teachers. At the SST meetings the students answered questions

pertinent to ADHD behavior and answers reflected a lack of understanding about ADHD.

Research in the area of ADHD has been taking place for years, and increasing awareness in diagnosing, understanding and treating students with ADHD is documented. However, these students still face ADHD as a functionally and educationally impairing condition (McBurnett & Lahey & Pfiffner, 1993).

Some of these students were under the impression that they would outgrow this disorder by adolescence. Research has proven this to be untrue. Studies indicate that children continue to reflect symptoms of this disorder well into adolescence and for some adulthood. Current research estimates that over 80% of students diagnosed with ADHD at a young age will reflect symptoms of inattention, hyperactivity, and impulsivity through the student's adolescence years and into adulthood (Parker, 1992).

When students with ADHD get older the symptoms take on a different activity level. Hyperactivity is lessened, but difficulties with attention, impulsive cognitive styles, low self esteem, poor peer relationships, depressive symptoms, and academic problems are still present (Taylor, Sandberg, Thorley, & Giles, 1991).

During this high school period students with ADHD tend to fail more in their academic classes than their peers, and they are suspended from school for various behavior problems more than other students. They also have lower standardized achievement test scores and these are very important to some colleges (Parker, 1992).

The most severe problem faced by the student with ADHD during the

adolescence period exist for those who have a conduct disorder. These students tend to steal, lie, be truant, and abuse drugs and alcohol, and later drop out of school altogether. Barkley observed high school students with ADHD and determined that 43% of them exhibited the characteristics of conduct disorder as compared to less than two percent of a control group (Parker, 1992). This study showed that teens who were ADHD with a conduct disorder developed more academic problems than students without a conduct disorder. The general outlook in school for the ADHD group without conduct disorder was better than the ADHD group with conduct disorder.

Causative Analysis

These six students lacked information about ADHD and this was reflected in their individual interviews with the SST. Three of these students were diagnosed as having ADHD in high school. They had difficulty accepting the diagnosis of ADHD as teenagers. These students were concerned about taking medication. They have been educated in the dangers of drugs and did not want to take stimulant medication. In the classroom the six students felt that modifications were not as effective as personal motivation.

The students' negative communication with their teachers added to academic failure. They lacked the knowledge and self-confidence necessary to self-advocate in a positive manner with teachers. Students' classroom behavior was perceived negatively by other students, and these students lacked insight about individual strengths and weaknesses.

High school places more demands on students with ADHD. They have more teachers to cope with instead of just one and more material and activities to organize in the school day. High school can be a very confusing environment and these students needed someone to help them learn to advocate at this critical stage in their educational journey.

Relationship of the Problem to the Literature

A survey of literature documents basic concerns for this problem. Barkley, Fischer, Edelbrock, & Smallish (1990) studied the academic journeys of students with ADHD, and found lower grades in all content subjects. Brown & Borden (1986) reported that half of the children diagnosed with ADHD taught in the regular classroom fail at least one grade, or experience academic failure by the time they reach adolescence.

Many students with ADHD have great difficulty in high school because the demands for increased attention are present in all classrooms. Due to the lack of sustained attention many students are unable to achieve academic success. Usually their classroom performance is affected by uncompleted tasks, lack of turning in assignments that many times are completed but not given to the teacher, and disorganization. Hyperactivity, and a low frustration level adds to their lack of success. These students have less difficulty if the teachers are knowledgeable of their disorder and help the student to problem solve and employ strategies to be academically successful (Barkley, 1990).

According to Zentall (1993), children with Attention Deficit

Hyperactivity Disorder selectively attend to tasks that are novel and the novelty factor helps them maintain alertness. The students with ADHD seek out alternative stimulation when their assignments are boring or too complicated. In acquisition of spoken language, these students are highly capable of spontaneously relating verbally creative stories. However, excessive verbal and motoric activity are a potential negative for ADHD students. These behaviors are manifested in the home, school and clinical settings. For children with hyperactivity, difficulty listening to important messages is manifested when these messages are encumbered with unimportant details. Even though ADHD characteristics complicate educational goals, students can be academically successful with teacher attentiveness to the need for novelty and uncomplicated instruction.

The problem was that six students with ADHD experienced lack of academic progress and did not advocate for their individual learning needs. They wanted to earn better grades but did not implement accommodations to aid in their educational journey.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was that students with ADHD would demonstrate knowledge about their ADHD, successfully implement strategies for coping with their deficit and employ self-advocacy skills. This disorder is a serious problem affecting an estimated 2.25 million students (3%-5%) in the country's schools (Parker, 1992). These students often have serious problems in school and with relationships. Inattention, impulsivity, and hyperactivity can lead to unfinished assignments, careless errors, and behavior which is disruptive to one's self and others.

Expected Outcomes

The outcomes for this proposal were as follows:

1. Six out of the six students will recognize their impulsivity and demonstrate strategies to gain internal control over their impulsivity. These strategies will make them aware of the social signs that other students seem to understand.

2. Six out of six students will implement individual strategies to gain academic success. As a result of attentional problems, the

completion of daily homework is a problem for these students. Because these students have difficulty with attending to the teacher's directions, staying focused to the task at hand, and not getting lost in their own thoughts, problems develop with daily work completion. They begin work but completion is a very difficult task (Zentall, 1991). Strategies will empower them with skills to gain academic success.

3. Six out of six students will demonstrate self-advocacy skills with at least two teachers. The students' knowledge about their own ADHD journey will empower them to share that information with their teachers. They will learn their own communication style and recognize its effect on others. They will request and justify appropriate modifications.

4. Post-testing scores will yield increased knowledge of ADHD for all six students. Information from teacher, school psychologist, physician and nurse will give students the holistic picture of ADHD and increase personal knowledge about their unique diagnosis.

Measurement of Outcomes

The outcomes were measured by the following:

1. Students completed their journal entries at the end of each group session. Blue books were used to record students' weekly comments. Some students established headings at the top of each new page in their journals. The headings related to the topics discussed: inattention, impulsivity, hyperactivity, definitions, strengths, weaknesses, questions, goal completion, modifications, and self-

advocacy skills. The journals documented the students' individual progress and all questions were recorded and answered at the end of each session. Their journals documented learning and clarified materials that required review for the upcoming week. At the end of each journal a written response was dated and shared with the student at the next meeting. All the participants decided to create a list of positive and negative terms in their journals to describe students with ADHD. Their insightful comments recorded their individual ADHD journeys to understanding.

Goal contracts (Appendix A) signed and established by the students were determined weekly. Each student completed a weekly goal in writing and verbally shared their goal results with the group. If a student's goal was incomplete the group brainstormed strategies to enable the student to fulfill his goal. A few students established goals regarding homework completion and shared their goal sheets with the teachers. The students applied strategies to gain academic success between weekly sessions. The goal sheets documented internal control over ADHD behaviors on a weekly basis. It is important to note that the students requested that this writer complete an individual goal sheet and share the results with the other participants. This initiative opened the door for spirited discussion on goal setting and prioritizing as a means for achieving long term success through individual serial accomplishments.

2. A learning strategies inventory was given to each student to complete. The students answered 78 questions and their answers were recorded in the computer. The inventories were scored by the computer

and a printout of individual learning styles was given to each student. These results were shared in the group. The documentation from the inventories increased understanding regarding individual learning styles. Students requested that the inventory questions be read orally to encourage attentiveness.

3. The students selected modifications that addressed their learning styles from a modification sheet (Appendix B) and discussed them with their teachers. The students based these learning needs upon the results of their individual learning strategy inventories. The results of these inventories enabled the students to determine modifications that addressed their individual learning styles. The teachers were interviewed to determine the student's communication skills with regard to self-advocacy. The teachers were interviewed after the students reported to the group about their communication with the teacher. The teachers' observations about self-advocacy skills were shared in the group, and responsive elaboration from the students was encouraged by this writer.

4. A pre- and post-test (Appendix C) was given to each student to determine their knowledge of ADHD. The test was composed of true/false questions and short answers in order to address different learning styles. The students answered questions about their ADHD knowledge at the first session and the last session to document their increased understanding of ADHD. The students requested that each question be read orally and they answered individually. This test shared pre and post knowledge of ADHD. The students recorded scores in their folders.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

The manifestations of ADHD usually appear in all settings (home, with peers, and in school). The developmental course of ADHD affects the student from preschool into adulthood (Ysseldyke & Algozzine, 1990). In order to address the developmental course of ADHD one must provide the student with a holistic treatment including medication, family counseling and special intervention in school. The evaluation of this writer's solution kept in mind the holistic treatment and provided school intervention for eight students diagnosed with ADHD.

Professionals in the 1970's agreed that it was more critical in the diagnosis of ADHD to have problems with sustained concentration and attention than hyperactivity (Cantwell & Baker, 1991). It was primarily because the students with the disorder could not pay attention, rather than because of all their movement, that these students experienced so much social and academic difficulty. This change was officially published in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980. In this reference hyperactivity was replaced as a diagnostic category by Attention Deficit Disorder. The students need to address attentional difficulties that interfere with learning.

The DSM-IV published in 1994 described ADHD under four categories: ADHD that is predominantly an inattentive type, ADHD that is hyperactive-impulsive type, ADHD that is a combined type, hyperactive, inattentive and impulsive, and the last ADHD is referred to as otherwise specified. To educators the description of ADD or ADHD is not as important as how it interferes with the student's educational experience (Burcham & Carlson, 1994).

Concentration or paying attention is needed to be successful in school and deciding what to concentrate on is not always easy for students with ADHD. Attention can be compared to the brain's channel selector. At times the students turn to what the teacher is saying and at times they pay attention to another channel (Levine, 1990). Levine suggested strategies to help students filter out distractions, reflect, plan, and self monitor in order to gain academic success.

However, before students can understand the strategies to gain academic success they must understand what ADHD means to them. This knowledge of ADHD empowers them to understand their unique strengths and weaknesses.

Description of Selected Solution

Burcham, Carlson, and Milich (1993) developed criteria to evaluate the success of intervention strategies, identify Attention Deficit Hyperactivity Disorder, and assess progress of students with ADHD. Their findings revealed five characteristics of successful programs for students with ADHD. These characteristics included: comprehensive training programs throughout individual school

districts, administration support, a team approach to decision making including parental input, modifications evaluated before formal assessment, and recognition of ADHD as a discernible disorder. These characteristics if initiated promise a high degree of success for the delivery of services to the student with ADHD.

Parent training and the use of stimulant medication are effective in the treatment of Attention Deficit Hyperactivity Disorder. Anastopoulos, DuPaul, and Barkley (1991) conclude that these two treatments must be consistently applied over a long period of time for success with students with ADHD. In addition to these two modalities the control of anger, general self-control, and social skills are areas of intervention that provide successful results. The commitment to long-term intervention is the cohesive ingredient that makes the above treatments effective. Multidisciplinary treatment including mental health assistance, educational, and medical treatment should be provided over a long period to help students cope with their ADHD (Barkley, 1990).

The successful treatment of ADHD involves pharmacological applications, parent training, consistent implementation of educational modifications and the introduction of novelty into tasks that would otherwise be too tedious or demanding. Treatment must be enhanced by effective programs. These programs are characterized by specific conditions that must exist through an individual's school district. Administrative support for ADHD programming is a critical condition to the team decision making process. Identification, medical intervention, academic modifications, and parent support are the

ingredients necessary for a successful ADHD program.

Promising field based practices for treating ADHD use a multiple-level model for stakeholders' involvement (Pfieffer, 1989). In the educational identification and intervention of ADHD it is essential that the stakeholders represent five groups: parents, school personnel, health care professionals, family support professionals, and researchers (Burcham, 1993). For students with ADHD to achieve positive educational outcomes it is necessary for families, teachers, administration, counselors, and physicians to work together. This practicum met the projected outcomes; however, parents and administration requested more support in dealing with students with ADHD. A holistic program is needed to address the concerns of the other stakeholders. The students gained information about their ADHD and self-advocated for their unique needs in a positive manner; however, their needs must be addressed in other areas of their lives.

Burcham's (1994) research has identified 26 practices that show great promise for helping students with ADHD. The practices have the following in common: a training program for staff and students, administrative support, parental involvement, team approach to decision making, classroom intervention strategies before formal evaluations, and recognition of ADHD as a discernible disorder. The group with ADHD has shown great promise and practicum outcomes were met. However, the students did not understand the lack of information on the part of some teachers regarding ADHD. The students discussed modifications with two teachers and they were surprised by some of the questions the teachers asked them about this disorder and need for

modifications.

A multicomponent intervention approach is necessary to address the academic and behavioral needs of students with ADHD (Barkley, 1990). A holistic program including students, parents, teachers, administrators, and physicians leads to increased academic success of students with ADHD. The outcomes of this program included all the above; however, time did not permit information to be shared beyond the student group.

Inattention, impulsivity, and deficits in rule-governed behavior are the basic patterns of students with ADHD (DuPaul, 1991). These students do not develop a plan prior to acting and have trouble monitoring individual progress without intervention strategies. The intervention strategies shared in a group can empower students to plan prior to acting.

Levine (1990) encouraged professionals to share information with students who have disorders to empower them to feel competent and comfortable with their abilities and disabilities. Therefore, this writer provided an instructional program in a small group setting for eight students. The intent of this program was to increase their understanding of ADHD and enable them to self-advocate in a positive manner for their unique needs.

The students read Levine's book, Keeping A Head In School, to gain information about their disorder. The group explored information from the C.H.A.D.D. Ed Manual and Parker's book, The ADD Hyperactivity Handbook for Schools.

Parker (1992) advocates for effective intervention strategies

with ADHD. These interventions enable students to live with a disorder and focus on their unique strengths. The increase in ADHD knowledge was reflected in ADHD self-evaluations. The students shared two modifications that addressed their individual learning styles with two teachers. Teacher interviews shared positive self-advocacy skills with this writer.

Report of Action Taken

The writer followed a 12-week plan presented under the description section of the practicum. Changes in the practicum were as follows. The selected solution provided an instructional program in a small group setting for six students. All six students attended the first meeting with parental consent; however, the following week they brought two of their friends who had ADHD to the meeting. The new students reported their need for help and asked to attend the program. The writer talked to the new students' teachers, guidance counselors, and parents and learned their needs were similar to the other students in the group so they were allowed to participate. It was necessary to inform the group that enrollment was closed in order to keep the group small. A total of eight students participated in the group for ADHD.

The writer met with each student and parent to familiarize them about the ADHD program. A note was sent to homeroom teachers to notify the students to come to the special service conference room during the following rotational period. This is a period when all students can attend clubs or groups. The students arrived and the writer provided information about the 12 weekly components of the practicum. The

students shared their concern about testing when the learning strategies inventory and pre and post testing were discussed. They were informed that this testing would be accomplished in the group and all questions would be read to each student. They expressed a desire to work as a group and not alone. The students were informed about the books, plays and videos that were significant segments of the program. They requested snacks if at all possible and were informed snacks would be provided by the writer. The students were given a week to discuss the program with their counselors and parents. Appointments were scheduled for all parents. The individual parent meetings were held after school. The parents were given an overview of the ADHD program and were informed that they would be updated in a telephone conversation midway through the 12 week program. They requested the writer's school telephone number in case they had questions that needed to be addressed. All parents gave verbal consent for their students to participate in the 12 weekly sessions. After parental consent was obtained the guidance counselors met with the students. The counselors scheduled an hour and a half a week for 12 weeks in the student's schedules for group meeting during the student's study hall periods or rotating periods. Students recorded the meeting dates on their notebook semester calendars. These calendars were placed in the student's notebooks and extra calendars were placed on the board in the special service conference room where the meetings were held. The calendar was shared with the guidance counselors, and mailed to the parents. The students signed contracts that committed them to work together. They also agreed to the implementation of new learning

strategies during each week of the program. The students received a copy of Levine's book, Keeping A Head In School and readings from chapter two were assigned for the following week. Each student received a folder to store all materials and their journals. The students put their names on the folders and journals and decorated them in their individual style with the markers and pens provided.

Students completed a self-evaluation form on ADHD to determine ADHD knowledge. The evaluation consisted of true/false and short answer questions and the students asked that the questions be read verbally and they completed the test together. The students shared personal insights about the evaluation after they were collected. The questions were not discussed during the testing time. The students clearly did not agree on many of the answers on the evaluation.

Chapter two of Levine's book was reviewed, and individual understanding about ADHD was discussed. The students discussed the importance of attention strategies and focused on concentration issues. They were reminded that it was their responsibility to select out distractions that would inhibit their mastering certain subjects. Discussion included the following general topics: filtering out distractions, allotting time to concentrate on a subject, self monitoring, staying alert, controlling moods, and controlling activity. One student identified himself with the illustration in the book that alluded to the brain being a channel selector, but he added that his brain needed to watch all channels at the same time. Several of the other students agreed that this illustration applied to them.

Goal sheets were reviewed and the writer gave an example of a

goal to be completed before the next meeting. At the conclusion of the session the students identified goals to be completed prior to the next meeting and signed goal contracts accordingly. They filled out their goal sheets and placed them in the folders.

Journals were discussed and the students placed headings at the top of each page. They used the term attention and took a few minutes to place information under that topic. The main focus of this session was attention. Journals were placed in the folders.

Students discussed goals completed for the previous week at each weekly session and completed goal sheets for the next week. The first few weeks the students put goals such as complete all my homework every day. They found the next week that goals were not completed; therefore, they modified their goals into more reasonable units. One student's goal was to ask for more time to complete a math test the next day. He practiced with the group what he could say to the teacher and he did complete his goal when he returned the following week. If a student did not meet his goal all members of the group helped brainstorm what could have made a difference. The students realized by the end of the 12 weeks that they could meet goals; however, they had to be realistic in the goals they set.

A notebook from an ADHD publishing company was given to the students. This three ring notebook with file dividers contained pockets for loose papers. The front housed a plastic pocket for pens, pencils, rulers, erasers, and a dictionary. Each student selected materials and filled out identifying data on the notebooks including the calendars recording the program dates. Assignment sheets were

placed in the front of the notebook. All homework and long term assignments were to be recorded in this section during the program for all classes. The students were requested to keep a chronological record of all work for two classes each day. As they became acclimated to this request they documented their work in two other classes. Eventually their documentation recorded work from all six classes.

Students reviewed information on the history of ADHD, characteristics, and treatment through a video presentation by Russel Barkley. They discussed this video and elaborated on its meaning in relationship to their particular learning needs. The video gave them an understanding of the various manifestations of ADHD.

Students completed a learning strategies inventory and discussed learning styles after they received a computer read out. They recognized their needs for certain accommodations in the classroom and at home. Their learning needs were different; however, all students wanted to work outside when they had free time. All students reported attention in the classroom was easier to maintain if the room was in a horseshoe design, but they consistently had difficulty with a lecture format regardless of the configuration of the furniture in the room.

Students explored self-monitoring, reflecting, planning, problem solving, and intervention strategies. They designed the perfect classroom to include the following: class notes on the board, written assignments for all students, extra books to take home, space for notebooks to be left in the room, available pens and pencils in the classroom, a teacher maintained computer grading system enabling the students to see their current grades and missed assignments, extended

time as needed, computers in the classrooms, modified homework assignments, a posted agenda in every classroom, and teachers who are knowledgeable about ADHD. The students took turns writing suggestions for the perfect classroom.

The students participated in a play involving parents' reactions to unfinished homework assignments. The students were asked to follow a plan for their homework with each teacher. They requested that teachers sign their assignment book daily and that parents agree to check the assignments each night. The students were not pleased with this plan but did put it in place for three classes. All students agreed that homework completion was a serious problem. The play was funny; however, all the students reported negative interaction with parents about overdue work. They decided to write their own lines to a play about homework, and the students shared in the lines they created.

They discussed their individual self-advocacy skills. The students recorded their strengths, learning differences, and what happened to them in the classroom. They discussed what interventions would be helpful to them. The students brainstormed ways to accommodate their individual learning styles.

The students disclosed concrete steps to use when negotiating with their teachers. They developed written plans for necessary modification intervention. It consisted of the following guidelines: don't try to meet with the teacher when they are busy before class, make an appointment for all teacher meetings, record all appointment dates with teachers on assignment calendars, be sure to take written

plans to all meetings, and share personal ADHD characteristics with the teacher.

Students selected two modifications from the modification list to share with two teachers based on their individual learning styles. Students implemented individual self-advocacy skills through role playing in the group. After practice within the group the students implemented self-advocacy skills with two mainstream teachers following the steps in the plan they created for teacher negotiation. After the unit on self-advocacy one student requested to attend a PPT to be an advocate for a friend. This student received parental permission to attend the PPT and at the PPT suggested modifications to address learning needs. This student advocate also suggested that other student take the learning strategies inventory.

A local pediatrician shared information regarding medication through a written report to the students. The doctor shared a chart with medication names and another sheet that had answers to frequently asked medication questions. The school nurse shared a medical ADHD model with students and discussed their individual medications. She suggested methods to avoid some issues such as loss of appetite and sleep problems. All students agreed that they were more gregarious and outgoing without their medication. However, it should not go unnoticed that unmedicated they did have more discipline referrals. She informed them of her contact with their physicians.

Students completed a post-test about ADHD. Results of this measure were shared individually with students. All students were proud of their increased ADHD knowledge and this was reflected in

their scores. They wanted to keep the tests in their folders to share with family members. A parent group meeting was scheduled for all parents and students. This writer met with parents and students to discuss the materials completed in the group and the results of the students' post-test scores. The writer encouraged parental participation in future ADHD workshops and meetings. Teachers were interviewed prior to the last meeting to verify the implementation of the students' self-advocacy skills. All evaluation results were recorded for the practicum, and the building principal.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

Students with Attention Deficit Hyperactivity Disorder have difficulty with academic progress, behavior, inattention, impulsivity, and hyperactivity. These problems result in unfinished assignments, careless work habits, and negative behavior (Morvitz & Motta, 1992). The goal of this practicum was to enable students with ADHD to demonstrate knowledge about their ADHD and successfully implement self-advocacy skills.

This writer found eight students with ADHD reflected misunderstanding about their learning disorder. Three of these students were referred to the Student Study Team due to their lack of academic progress and behavior which was negatively affecting their educational journey. Three of the students are identified as Other Health Impaired and receive services in the special education department. Two students have accommodation plans under section 504 of the Rehabilitation Act of 1973.

The solution strategy established a group for students with ADHD. This environment enabled them to share information about this disorder and empowered them to feel competent and comfortable with their

abilities and disabilities. The writer provided an instructional program for eight students to increase understanding of ADHD and enable them to self-advocate in a positive manner for their unique needs. The following outcomes were projected:

Outcome 1: It was predicted that eight out of eight students would recognize their impulsivity and demonstrate strategies to gain internal control over their impulsivity. These strategies made them aware of the social imperatives that other students seem to understand. Eight students participated in the group and eight students recognized impulsivity and demonstrated strategies to gain control over impulsive behavior. The students expressed more awareness of impulsive behavior in the classroom and methods to address impulsivity. This outcome was met for all eight students. Teacher interviews documented that all eight students waited until the teacher acknowledged their raised hand before sharing answers to questions raised by the teachers. One student decided that sitting on his hands was a means of controlling his impulsive shouting in the classroom. This unorthodox method of controlling impulsivity was quite effective. As a result of this strategy this student learned to obtain attention from the teacher in an appropriate manner when he desired to address the teacher.

Outcome 2: It was predicted that eight out of eight students would implement individual modifications to gain academic success. As a result of attentional deficiencies the completion of daily homework was a problem for these students. Six of the eight students used the notebook reviewed in the group and completed homework assignment

sheets for at least five of their seven classes. The two remaining students had materials and recorded assignments for two classes on a weekly basis. This outcome was met for all eight students. Notebooks were reviewed weekly by the writer and parents. Teachers signed a daily log in the notebooks at the end of each class to record assignments and overdue work. Three students requested homework modifications in their math classes. They asked to complete every other problem for homework and all teachers agreed to this modification.

Outcome 3: It was predicted that eight out of eight students would demonstrate self-advocacy skills with at least two teachers. All eight students shared positive self-advocacy skills with two teachers. They asked for modifications based on their individual needs as demonstrated on their learning strategies inventories. They selected two strategies from the modification list. This outcome was met for all eight students. The teachers were interviewed after meeting with the students and questioned about the students' ability to articulate their needs clearly. All teachers agreed that the students communicated the need for modifications based on data from the learning strategy inventories. Two students mentioned the need for math homework modifications, three asked for testing in the resource room, and three requested the use of the computer for essay questions.

Outcome 4: It was predicted that eight out of eight post-test scores would yield increased knowledge of ADHD. All eight students' scores on the post-test for ADHD indicated increased knowledge of ADHD, its characteristics, and effective treatment. This outcome was

met for all eight students. The testing results were an indication of the knowledge gained in the program for all eight students. They recorded their individual scores in their journals and were pleased with the results. The tests were scored and recorded.

Discussion

Based upon the outcomes for this practicum the writer realized that two additional students added greatly to the effectiveness of the program. They participated because they wanted to increase their understanding of ADHD. Seven of the students in the group were highly motivated to attend due to their lack of academic progress. One student wanted to attend but was not concerned about his academic progress until he received his report card. He was shocked by his low grades and negative teacher comments. This experience motivated him to actively participate in the group.

The school psychologist desired to participate in all the group sessions and her presence added greatly to the group. Some of the students initiated appointments for informal counseling. Due to her experience with groups she informed the writer to share rules with the participants on the second session and that information added to the success of the group.

Folders containing handouts, inventories, pre and post-testing results and goal sheets were compiled for each student. These were shared with parents at the end of the 12 week sessions. Parents requested information about ADHD and knowledge of strategies for home support. A formal request was made to the administration by five

parents for the program to continue next year.

Some of the students in the group experienced discipline issues. Therefore, when the assistant principal was informed about the group he asked to participate. The eight students were initially surprised by his interest but they were impressed by his presence at three sessions. He asked the writer for additional information about ADHD with the intention of sharing the data with staff at the high school.

Levine (1990) advocated that knowledge be shared with students who have disorders in order for them to gain understanding about themselves and their unique abilities. ADHD information was shared in a group setting because it provided a safe place for students to feel comfortable and competent as they gained knowledge and shared insights about this disorder. The eight students increased understanding of ADHD and, most importantly, the students learned to be optimistic about the ADHD diagnosis. The students found that the struggle to learn and modify behavior was worth the effort, and was rewarding.

In this practicum all four outcomes were met. Eight students with ADHD recognized their impulsivity and demonstrated strategies to gain internal control over their impulsivity, eight students implemented individual modifications to gain academic success, all eight students demonstrated self-advocacy skills with at least two teachers, and post-testing scores yielded increased knowledge of ADHD for all eight students.

Recommendations

The following recommendations can be used to address the unique

needs of students with ADHD.

1. Continuation of ADHD group for the remainder of the school year or two semesters.

2. Provide ADHD workshops for administrators, parents and teachers. ADHD information should be shared with staff and parents prior to implementation of a group for ADHD. A combined workshop sharing information would be helpful to both staff and parents. ADHD packets could be provided to parents and teachers with information addressing the ADHD questions of parents and teachers.

3. Schedule meetings with local physicians to share ADHD issues and brainstorm ways to increase communication regarding medication and its effect upon the student's academic progress. Students have many questions regarding medication and teachers are unsure how to monitor the effects of medication in their classroom.

Dissemination

The results of this practicum have been disseminated to the principal, vice principal, special service staff, and assistant superintendent. This practicum will be shared at district workshops for staff and parents. Local school districts have contacted the writer for workshops on ADHD.

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APPENDICES

APPENDIX A

Goal Contract

Appendix A

GOAL CONTRACT

Name of student:_____ Date:_____

My goal for this day is to:

_____

_____

_____

_____

I will work on my goal for:

_____

My reward for reaching my goal will be:

_____

_____

APPENDIX B

Classroom Modification Checklist

APPENDIX B

CLASSROOM MODIFICATION CHECKLIST
SECONDARY LEVEL

GENERAL

_____ 1. Provide shorter tasks and a variety of assignments that teach and reinforce the same skill.

_____ 2. Provide student with a calculator for math, or manipulatives.

_____ 3. Examinations and quizzes may be given orally and/or allow students to use alternate methods of response when being tested (underlining, multiple choice, fill in, etc.).

_____ 4. Assignment modifications: lesser amounts, extra assignment time, include only those necessary.

_____ 5. Allow students to tape classroom lectures.

_____ 6. Allow students to copy another student's notes or use NCR paper.

_____ 7. Establish a reasonable time limit for the child to complete a task but allow them to pace themselves.

_____ 8. Limit lengthy reading assignments over a long period of time.

_____ 9. Praise to build self-esteem, and encourage when student appears concerned.

_____ 10. Divide complex or lengthy tasks into sub-units, block out problems to be completed.

_____ 11. Make a "script" for a student to follow when performing a task.

_____ 12. Frequent feedback so student can evaluate progress.

CLASSROOM SETTING

_____ 1. Provide the student with preferential seating.

_____ 2. Reduce environment distractors.

HOMEWORK

_____ 1. Allow student to dictate reports or answers to questions on cassette tape or to another person.

_____ 2. Allow students to complete classroom and homework assignments on a computer.

GIVING DIRECTIONS

_____ 1. Provide both oral and written directions.

_____ 2. Underline or highlight directions, key words, or phrases in textbooks.

_____ 3. Have student repeat and explain directions to you to check understanding of assigned work.

_____ 4. Use hand signals, repetition, or code words.

_____ 5. Use visual or verbal cues before introducing new material to reinforce what you are saying or when requesting responses.

_____ 6. Check assignment book of recorded work.

_____ 7. Book tapes to aid in reading comprehension skills.

CLASSROOM MANAGEMENT

_____ 1. When preparing homework, be mindful of the three R's of effective homework:
RELEVANCE--Assignments should be directly related to the work that you are doing in class.
REVIEW--All homework assignments should be a review of material previously covered. New or unfamiliar concepts should not be introduced as homework.
REALISTIC--It generally takes an LD child three times as long to complete an assignment at home as it would to complete it in the structured classroom setting. Therefore, a 10-minute classroom assignment will take approximately 30 minutes at home. Remember this when preparing homework.

_____ 2. The mainstream teacher can use a tape recorder quite effectively to modify the curriculum for students with special needs. You can tape record directions or instructions for the student who is not able to read effectively. Allow the student to tape record his answers for tests or assignments. The student with writing difficulties may compose his story or report on the tape recorder and then write it by re-playing it in short segments.

_____ 4. When offering instructions or directions to learning disabled students, be mindful of the following:

- State commands SPECIFICALLY, using concrete terms.

- Use specific and consistent vocabulary terms to describe tasks.
- Give "bite size" directions; avoid a long series of directions.
- Whenever possible, accompany the explanation with a demonstration.
- Use cueing words (eg. "Look up here," "Listen please," etc.) prior to giving directions. Gestures (eg. raised hand, etc.) are also effective to gain a child's attention.

_____ 5. Using graph paper for doing math assignments will enable LD students to keep their digits in the proper columns.

_____ 6. In order to give the slower working student credit for accuracy, score a test according to the number correct over the number attempted.

_____ 7. Copying from the blackboard is a very difficult task for many LD children. Assign the LD child a "buddy" and give him a supply of NCR paper. Whenever math problems must be copied from the board, the buddy uses a piece of NCR paper and automatically produces the worksheet for the LD child as he writes his own.

_____ 8. Remember that talking with (or talking to) language impaired children is not equivalent to communicating. Just because a child hears what a teacher says does not mean that he understands and can carry out the instruction. Ask the student to repeat the instructions in his own words to ensure that he understands.

WRITTEN EXPRESSION

_____ 1. Use a computer for written expression with a spell check.

_____ 2. Dictate initial thoughts into a tape recorder before writing papers.

_____ 3. Use the following learning strategies: Verbal elaboration, highlighting, underlining, and mnemonics.

_____ 4. Meet with teacher to develop a rough outline for a paper and get ideas about how to research the topic.

_____ 5. Use of process writing for written expression. Pre writing, brainstorming, clustering, questioning, rough draft and conference before final copy completed.

_____ 6. Not penalized for spelling errors.

APPENDIX C

Attention Deficit Hyperactivity Disorder Inventory

Appendix C
Attention Deficit Hyperactivity Disorder
Inventory

DIRECTIONS:

Indicate whether the following statements are true or false, as they pertain to ADHD:

_____ 1. All students with ADHD will outgrow this disorder upon reaching adolescence.

_____ 2. Two primary causes of ADHD are fluorescent lights and food additives.

_____ 3. Psycho stimulant medication enhances the person's ability to sustain attention and inhibit impulsive responding.

_____ 4. All students with ADHD are hyperactive.

_____ 5. ADHD develops because you were a premature baby.

_____ 6. ADHD is a biological disorder.

_____ 7. There is a specific test to determine if a student has ADHD.

_____ 8. Medication can only be taken in the morning.

_____ 9. The only treatment for ADHD is medication.

_____ 10. Both girls and boys can have ADHD.

_____ 11. Labeling a student ADHD is harmful.

_____ 12. A holistic approach is the best in treating ADHD.

_____ 13. Food allergies cause ADHD.

_____ 14. Classroom modifications are helpful for the student who has ADHD.

Answer the following in full sentences:

1. ADHD is caused by the following:

_____

_____

2. Medication is given for ADHD because:

_____

_____

3. The best treatment for ADHD is:

_____

_____

4. The term self-advocate means to:

_____

_____

5. Some modifications that are helpful for students with ADHD are:

_____

_____

6. The good news about ADHD is:

_____

_____